

General

Title

Wellness and health promotion: percentage of individuals 18 years of age and older who reported on a baseline health appraisal that they had at least one of the three core risks (obesity, smoking or tobacco use, physical inactivity) and who reported on a follow-up health appraisal that they reduced their overall risk.

Source(s)

National Committee for Quality Assurance (NCQA). Technical specifications for wellness & health promotion. Washington (DC): National Committee for Quality Assurance (NCQA); 2013. 48 p.

Measure Domain

Primary Measure Domain

Population Health Quality Measures: Population Outcome

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of individuals 18 years of age and older who reported on the baseline health appraisal (HA) that they had at least one of the three core risks (i.e., obesity, smoking or tobacco use, physical inactivity) and who reported on a follow-up HA that they reduced their overall risk.

Rationale

One of the goals of worksite health promotion interventions is to reduce the health risks of employees, in order to improve the health of employees, increase productivity, and reduce health care costs (Employee Benefits Research Institute [EBRI], 2001). Identifying and calculating risk reduction with standardized health appraisal information will allow organizations to understand the impact of health promotion

interventions, and will allow for comparisons across organizations offering health promotion interventions.

This measure offers standardized definitions of risk reduction for three "core" risks often addressed by health promotion programs: overweight and obesity, cigarette smoking and tobacco use, and physical inactivity. These three risks were chosen because they: 1) represent significant public health problems; 2) can be assessed using valid and reliable self-report questions; and 3) are important to employers and plan sponsors of health promotion programs.

Reducing overweight and obesity, cigarette smoking and tobacco use, and physical inactivity have all been identified as health priorities by Healthy People 2020 (Office of Disease Prevention and Health Promotion [ODPHP], 2016). The validity and reliability of certain self-reported items for these risks have also been supported by the literature (Gorber et al., 2007; Patrick et al., 1994; Norman et al., 2001). These three risks are also important to employers, according to research published by the EBRI (2001). Lastly, worksite interventions can lower these risks (The Guide to Community Preventive Services, 2007; The Guide to Community Preventive Services, 2005).

Evidence for Rationale

Employee Benefits Research Institute. Employment-based health promotion and wellness programs. EBRI Issue Brief. 2001;22(7):1-5.

Gorber S, Tremblay M, Moher D, Gorber B. A comparison of direct vs. self-report measures for assessing height, weight and body mass index: a systematic review. *Obes Rev*. 2007 Jul;8(4):307-26. [PubMed](#)

Norman A, Bellocco R, Bergström A, Wolk A. Validity and reproducibility of self-reported total physical activity--differences by relative weight. *Int J Obes (Lond)*. 2001 May;25(5):682-8. [PubMed](#)

Office of Disease Prevention and Health Promotion (ODPHP). HealthyPeople.gov. [internet]. Washington (DC): U.S. Department of Health and Human Services; [accessed 2016 Feb 05].

Patrick DL, Cheadle A, Thompson DC, Diehr P, Koepsell T, Kinne S. The validity of self-reported smoking: a review and meta-analysis. *Am J Public Health*. 1994 Jul;84(7):1086-93. [PubMed](#)

The Guide to Community Preventive Services. Obesity prevention and control: worksite programs. [internet]. Atlanta (GA): The Community Guide; 2007 Feb [accessed 2016 Feb 05].

The Guide to Community Preventive Services. Reducing tobacco use and secondhand smoke exposure: incentives and competitions to increase smoking cessation among workers. [internet]. Atlanta (GA): The Community Guide; 2005 Jun [accessed 2016 Feb 05].

Primary Health Components

Health appraisal; core risks; obesity; smoking; tobacco use; physical inactivity; risk reduction

Denominator Description

Individuals 18 years of age and older during the prior program period who completed both the baseline health appraisal (HA) and a follow-up HA *and* reported on the baseline HA that they had at least one of the three core risks (obesity, smoking or tobacco use, physical inactivity) (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Individuals who reported an overall reduced risk on the follow-up health appraisal (HA) (i.e., fewer total core risks measured by the follow-up HA than the total measured by the baseline HA)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

A systematic review of the clinical research literature (e.g., Cochrane Review)

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All of the National Committee for Quality Assurance's Wellness and Health Promotion measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the NCQA's Committee on Performance Measurement and Board of Directors.

Evidence for Extent of Measure Testing

Williams-Bader J. (Director, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2016 Jul 6. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Other

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Framework for Public Health Quality

Public Health Aims for Quality

Health Promoting

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Healthy People/Healthy Communities

National Quality Strategy Priority

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

The program period and the prior program period

Program Period: The period when the Wellness and Health Promotion (WHP) program is administered for an employer or plan sponsor, usually a 12-month span from the beginning of the contract period to the end of the contract period. The program must end in the calendar year prior to the reporting year.

Denominator Sampling Frame

Organizationally defined (non-health care organizations)

Denominator (Index) Event or Characteristic

Clinical Condition

Diagnostic Evaluation

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Individuals 18 years of age and older during the prior program period who completed both the baseline health appraisal (HA) and a follow-up HA *and* reported on the baseline HA that they had at least one of the three core risks (obesity, smoking or tobacco use, physical inactivity)

Note:

Continuous Eligibility: The program period and the prior program period.
The baseline HA must be administered in the prior program period. The follow-up HA must be administered in the program period.
The follow-up HA must be completed at least six months after the baseline HA.

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Individuals who reported an overall reduced risk on the follow-up health appraisal (HA) (i.e., fewer total core risks measured by the follow-up HA than the total measured by the baseline HA)

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Patient/Individual survey

Other

Type of Health State

Individually Reported Health State

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Measure is disaggregated into categories based on different definitions of the denominator and/or numerator

Basis for Disaggregation

This measure is disaggregated based on different definitions of the denominator.

The eligible population reported by number of core risks. The numerator is reported by risk reduction, not the denominator.

One core risk

Two core risks

Three core risks

Total individuals with one or more core risks

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Risk reduction-overall (RRO).

Measure Collection Name

Wellness and Health Promotion Performance Measures

Measure Set Name

Measuring Program Outcomes

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving

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Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2014 Jan

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

Measure Availability

Source available for purchase from the [National Committee for Quality Assurance \(NCQA\) Web site](#)

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For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on June 3, 2016. The information was verified by the measure developer on July 8, 2016.

Copyright Statement

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

For detailed specifications regarding the measures, refer to the *Technical Specifications for Wellness & Health Promotion*, available for purchase from the [National Committee for Quality Assurance \(NCQA\) Web site](#) .

Production

Source(s)

National Committee for Quality Assurance (NCQA). Technical specifications for wellness & health promotion. Washington (DC): National Committee for Quality Assurance (NCQA); 2013. 48 p.

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